



APPLICATION

WATER, WASTEWATER AND GARBAGE SERVICES

City of North Sioux City
504 River Drive, North Sioux City, SD 57049
Phone (605) 232-4276 Fax (605) 232-0506

Required to start services: Signed Application, Deposit, Copy of Driver's License.

TODAY'S DATE _____

RESIDENTIAL ACCT ☐

COMMERCIAL ACCT ☐

LANDLORD ACCT ☐

START SERVICE _____

OWN ☐

RENT ☐

APPLICANT'S NAME _____ EMAIL _____

SERVICE ADDRESS (APT/LOT) _____ SOCIAL SECURITY # _____ - _____

HOME () - WORK () - CELLULAR () -

BILLING ADDRESS IF DIFFERENT THEN SERVICE ADDRESS _____

PREVIOUS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SPOUSE / CO-APPLICANT INFORMATION ~~ IF APPLICABLE

NAME _____ DRIVERS LICENSE _____ STATE _____

HOME () - WORK () - CELLULAR () -

OTHER ADULTS LIVING IN THE HOME AUTHORIZED TO ACCESS ACCOUNT INFORMATION AND MAKE CHANGES.

LANDLORD INFORMATION ~~ IF APPLICABLE

NAME _____ WORK () - CELL () -

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I (we) hereby certify that the information furnished on this application is true and correct. I (we) acknowledge that I (we) will be responsible for paying for the services at this service address until written notice is received by the City of North Sioux City requesting discontinuance of said services. I (we) have provided the City with the required \$50.00 deposit for services and understand it will be used toward any outstanding balance at the time of discontinuance of said services.

I (we) agree to pay all bills for services requested according to the rates and schedules established by the City of North Sioux City. I (we) agree to allow the City of North Sioux City to shut off and withhold water if default is made in payment and to pay any regular or special charges before service is continued. I (we) agree to comply with all Ordinances, Resolutions and Regulations now in force or which may be passed by the City of North Sioux City.

NOTE: \$75.00 charge to re-activate service after 3:30pm Mon thru Fri. No service activation will occur on Sat or Sun. If service is already active this charge may not apply.

APPLICANT
SIGNATURE: _____

SPOUSE / CO-APPLICANT
SIGNATURE: _____

FOR OFFICE USE ONLY

DRIVERS LICENSE _____ STATE _____ NEW ACCT # _____

RECEIVED BY _____ DATE _____ \$50.00 DEPOSIT: RECEIPT # _____ CHECK # _____ CASH ☐

IF APPLICABLE, LANDLORD DEPOSIT ON FILE? YES ☐ NO ☐